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CONFIRMATION NO. 1757

Bib Data Sheet

SERIAL NUMBER 10/015,267	FILING OR 371(c) DATE 12/12/2001 RULE	CLASS 379	GROUP ART UNIT 2614	ATTORNEY DOCKET NO. AUS920010821US1
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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/15/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 4	TOTAL CLAIMS 51	INDEPENDENT CLAIMS 9
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> Met after met Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

32329

TITLE

ORIGIN DEVICE BASED CALLEE IDENTIFICATION

FILING FEE RECEIVED 2102	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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